

ata 9/12/08

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 04/23/08 to 07/20/08

1. Committee I.D. Number
138080

2. Committee Name
CTE Aisha M. Baker

4. Candidate Last Name Baker First Name Aisha M.I. M.

4a. Office Sought Including District # or Community Served (if applicable)
Macomb County Charter Commissioner R19th

4b. County of Residence Macomb

5. Committee's Mailing Address
75 SCOTT BLVD
NWHLT CRIMENS, MI 48043

Area Code and Phone (580) 557-8999

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
NICKIE T RAGER
26843 LA SALLE
ROSEVILLE, MI 48066

Area Code & Phone (586) 445-0309

7. Treasurer's Business Address

Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)
Madeline Turner
17183 Menyweather
Clinton Twp, MI 48038

Area Code and Phone (586) 263-4954

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General

☐ Convention ☐ School

☐ Special ☐ Caucus

Date of Election, Convention or Caucus
8/5/08

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution _____

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper MICHELLE T. RAGER Michelle T Rager Date 2/5/09

Type or Print Name Signature

Candidate Aisha M Baker Aisha M Baker Date 2/5/09

Type or Print Name Signature

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138080

2. Committee Name

CTE Alisha M. Baker

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 1900.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 1900.00

4. Other Receipts (Schedule 1A-1, Column 6)

(4.) \$ 0.00

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ 1900.00

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 478.44

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0.00

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 813.90

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0.00

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0.00

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 813.90

INCIDENTAL EXPENSE DISBURSEMENTS
(Officaholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0.00

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0.00

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$ 0.00

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 478.44

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0.00

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 0.00

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 1900.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 1900.00

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 813.90

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$ 1086.10

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$

(19.) \$

(20.) \$

(21.) \$

(22.) \$

(23.) \$

(24.) \$

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

138080

2. Committee Name

OTE ALISHA M. BURKE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

PAC Receipt? ☒ YES

4. Date of Receipt

6-30-08

Name & Address:

Local #1 PAC MEA
3850 Garfield St B
Clinton Twp 48038

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct☐ Loan from a person☐ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ \$

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct☐ Loan from a person☐ Fund Raiser

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

\$ \$

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct☐ Loan from a person☐ Fund Raiser

3. Contribution # 4

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ \$

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct☐ Loan from a person☐ Fund Raiser

Page Subtotal

100.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

1900.00

Enter this total on
line 3a of Summary
Page.

Page ____ of ____